



## Complete Summary

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### TITLE

Diabetes mellitus: percent of patients with a documented screening for depression in the past 12 months.

### SOURCE(S)

HDC topics: diabetes. [internet]. Rockville (MD): Health Disparities Collaboratives; 2006 Jun 29[10 p.].

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percent of diabetic patients in the clinical information system with a documented screening for depression in the past 12 months.

Depression is probably the most common mental disorder in primary care practice. Because depressed patients in primary care settings commonly present with somatic symptoms rather than complaints of depressed mood, clinicians must be proficient in the assessment and management of depression. The skillful differential diagnosis of depressive symptoms is essential because major depression commonly presents as an associated problem in patients with other physical illnesses [Rush AJ et al., AHCPR Publication No. 93-0550, 1993; Cohen-Cole SA et al., *Depression*, 1993; Coyne J et al., *Gen Hosp Psychiatry*, 1995].

### RATIONALE

Diabetes is a complex, serious, and increasingly common disease. It is the most frequent cause of blindness among working-age adults; the leading cause of nontraumatic lower extremity amputation and end-stage renal disease; and a principal cause of congenital malformations, perinatal mortality, premature mortality, and disability. Persons with diabetes are at increased risk for stroke, ischemic heart disease, peripheral vascular disease, and neuropathy.

Diabetes is a costly disease-not only in terms of the economic burden it imposes on society, but also in terms of the human suffering imposed by the disease and its complications. Moreover, the burden of diabetes and its complications disproportionately affects minority populations and the elderly, and is likely to increase as minority populations grow and the U.S. population ages. Thus, diabetes poses an enormous public health challenge in America.

This measure is one of 18 measures that participants track in the HRSA Health Disparities Collaborative for Diabetes.

#### **PRIMARY CLINICAL COMPONENT**

Diabetes mellitus; depression screening

#### **DENOMINATOR DESCRIPTION**

Total number of diabetic patients in the clinical information system

#### **NUMERATOR DESCRIPTION**

The number of patients from the denominator with a documented screening for depression in the past 12 months

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Unspecified

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

## **CURRENT USE**

Collaborative inter-organizational quality improvement  
Internal quality improvement

## **Application of Measure in its Current Use**

## **CARE SETTING**

Ambulatory Care  
Community Health Care  
Managed Care Plans  
Physician Group Practices/Clinics

## **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Advanced Practice Nurses  
Physician Assistants  
Physicians

## **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

## **TARGET POPULATION AGE**

Unspecified

## **TARGET POPULATION GENDER**

Either male or female

## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

## **Characteristics of the Primary Clinical Component**

## **INCIDENCE/PREVALENCE**

15.7 million people have diabetes:

- 10.3 million diagnosed (= a sixfold increase over the past 40 years)
- 5.4 million undiagnosed
- 798,000 new cases diagnosed per year

## **EVIDENCE FOR INCIDENCE/PREVALENCE**

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: diabetes training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 74 p.

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

African Americans are 1.7 times more likely to have Type 2 diabetes than the general population. An estimated 2.3 million African Americans, or 10.8%, have diabetes. 25% of African Americans between the ages of 65 and 74 have diabetes, and one in four African American women over 55 has diabetes.

Latinos are almost twice as likely to have Type 2 diabetes. For example, diabetes affects 1.2 million or 10.6% of the Mexican American population.

Overall prevalence of Type 2 diabetes in Native Americans is 12.2%, compared to 5.2% of the general population. In some tribes, 50% of the population has diabetes.

## **EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS**

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: diabetes training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 74 p.

## **BURDEN OF ILLNESS**

- Diabetes is the 7th leading cause of death in the U.S.
- Diabetes is the leading cause of new cases of blindness in adults ages 20 to 74 years.
- Diabetes is the leading cause of end-stage (chronic, irreversible) kidney disease.
- Diabetes is the leading cause of lower-extremity amputations not related to injury.
- People with diabetes are 2 to 4 times more likely to develop heart disease or stroke than people without diabetes.

## **EVIDENCE FOR BURDEN OF ILLNESS**

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: diabetes training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 74 p.

## **UTILIZATION**

Unspecified

## **COSTS**

Cost (United States, 1997):

- Total costs: \$98 billion

- Direct medical costs: \$44 billion
- Indirect costs: \$54 billion (disability, work loss, premature mortality)

## **EVIDENCE FOR COSTS**

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: diabetes training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 74 p.

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Living with Illness

### **IOM DOMAIN**

Effectiveness  
Equity

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Total number of diabetic patients in the clinical information system

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

Total number of diabetic patients in the clinical information system

#### **Exclusions**

Unspecified

### **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

### **DENOMINATOR (INDEX) EVENT**

Clinical Condition

**DENOMINATOR TIME WINDOW**

Time window is a single point in time

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

The number of patients from the denominator with a documented screening for depression in the past 12 months

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Registry data

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison  
Prescriptive standard

**PRESCRIPTIVE STANDARD**

Goal: greater than 50%

**EVIDENCE FOR PRESCRIPTIVE STANDARD**

HDC topics: diabetes. [internet]. Rockville (MD): Health Disparities Collaboratives; 2006 Jun 29[10 p.].

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Depression screening (12 months).

**MEASURE COLLECTION**

[HRSA Health Disparities Collaboratives Measures](#)

**MEASURE SET NAME**

[HRSA HDC Diabetes Collaborative Measures](#)

**SUBMITTER**

Health Resources and Services Administration

**DEVELOPER**

HRSA Health Disparities Collaboratives: Diabetes Collaborative

**FUNDING SOURCE(S)**

Unspecified

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Unspecified

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2002 Jan

## **REVISION DATE**

2006 Jun

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

HDC topics: diabetes. [internet]. Rockville (MD): Health Disparities Collaboratives; 2006 Jun 29[10 p.].

## **MEASURE AVAILABILITY**

The individual measure, "Depression Screening (12 Months)," is available from the [Health Disparities Collaboratives Web site](#).

## **COMPANION DOCUMENTS**

The following is available:

- Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: diabetes training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 74 p. This document is available in Portable Document Format (PDF) from the [Health Disparities Collaboratives Web site](#). See the related [QualityTools](#) summary.

## **NQMC STATUS**

This NQMC summary was completed by ECRI December 19, 2006. The information was verified by the measure developer on February 9, 2007.

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